

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2012 and a copy of this report must be sent to the County Manager of each county from which waste was received. If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist.

Facility Name: Rowland Landfill, Inc. Permit: 92M-LCID- ID: P0416

Facility Website (URL):

Physical Address	Mailing Address
Street 1: 3000 Gresham Lake Rd.	Street 1: 2820 Rowland Rd.
Street 2:	Street 2:
City: Raleigh County:	City: Raleigh
State: North Carolina Zip: 27615	State: North Carolina Zip: 27615

Primary Facility Contact Person	Billing Contact Person
Name: Sylvia W. Rowland	Name: Debby Mingoy
Phone: (919) 876-6722 Fax: (919) 876-8755	Phone: (919) 876-6722 Fax: (919) 876-8755
Email: srowland@rowlandlandfill.com	Email: dmingoy@rowlandlandfill.com

1. Tipping Fee: \$ 5.58 per yd.
Tipping Fee: \$ per
Tipping Fee: \$ per

2. Estimate the amount of waste taken in an average week at this facility? 1983 ☐ tons ☒ cubic yards

3. How many weeks did you operate this year? 52

4. What are the hours/days of operation for this facility? M-F 8:00 AM - 5:00 PM Sat 9:0 AM - 3:00 PM

5. What is the acreage of the footprint of the waste on site as of June 30? 12-14 Acre(s)

6. Did your facility stop receiving waste during this past Fiscal Year? ☐ Yes ☒ No

If so, please report the date this occurred:

REMINDER: According to (G.S. 130A-309.09D(b)), this report must be sent to the Regional Environmental Senior Specialist for your area and a copy of this report must be sent to the County Manager of each county from which waste was received.

Please return your completed report to:

CERTIFICATION: I certify that the information provided is an accurate representation of the activity at this facility.

Signature: Sylvia W. Rowland Date: 7-26-12

Name: Sylvia W. Rowland Title: President

Phone Number: (919) 876-6722 Email: srowland@rowlandlandfill.com

Facility Name: Rowland Landfill, Inc. Permit: 92M-LCID-

Address: 3000 Gresham Lake Rd.

City: Raleigh State: North Carolina Zip: 27615

Person completing Assessment: Sylvia W. Rowland Date: 7-19-12

Phone Number: (919) 876-6722 Fax: (919) 876-8755 Email: srowland@rowlandlandfill.com

Instructions:	Please indicate either Yes or No for each Receptor and Post Closure Maintenance question. Then please determine the distance or distances for each Receptor from the <i>Edge of Waste</i> (using range finders and/or GIS maps) and type that information into the form. Please attach additional information including GIS maps, lists of potable well locations, etc.
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Receptors

- Are there Residential Dwellings Within 1,500 feet of the Edge of Waste? ☐ Yes ☒ No
If Yes, how many? _____
What are the three closest distances from the *Edge of Waste*? _____ Feet _____ Feet _____ Feet
- Are there Potable Wells Within 1,500 feet of the Edge of Waste? ☐ Yes ☒ No
If Yes, how many? _____
What are the three closest distances from the *Edge of Waste*? _____ Feet _____ Feet _____ Feet
- Are there Community/Municipal Wells Within 1,500 feet of the Edge of Waste? ☐ Yes ☒ No
If Yes, how many? _____
What are the three closest distances from the *Edge of Waste*? _____ Feet _____ Feet _____ Feet
- Are there Surface Water Bodies Within 1,500 feet of the Edge of Waste? ☐ Yes ☒ No
If Yes, how many? _____
What are the three closest distances from the *Edge of Waste*? _____ Feet _____ Feet _____ Feet
Please list the names of the water bodies: _____
- Is Public Water Available Within 1,500 feet of the Edge of Waste? ☐ Yes ☒ No
If Yes, how many of the Residential Dwellings noted above are connected? _____

Corrective Measures

- Is there an active methane extraction system (blower, flare, etc.)? ☐ Yes ☒ No
- Is there a passive methane extraction system (trench, vents in cap, flare, etc.)? ☐ Yes ☒ No
- Is there groundwater remediation taking place on site? ☐ Yes ☒ No
If Yes, what is the specific remedial technology used? _____

Comments